District of Columbia Individual Income Tax Forms

This package contains the following: Form D-40 — Schedules A, B and H IMPORTANT MESSAGE TO TAXPAYERS

This booklet contains the District of Columbia Individual Income Tax forms and instructions that you will need to prepare and file your 1984 return. If you need additional tax forms mailed to you, please phone 727-6170. Tax forms will also be available in the lobbies of the Municipal Center, 300 Indiana Avenue, N.W.; the District Building, 1350 Pennsylvania Avenue, N.W.; the Recorder of Deeds Building, 515 D Street, N.W.; Potomac Building, 614 H Street, N.W.; and in the Business Division at the Martin Luther King Jr. Memorial Library, 901 G Street, N.W. In addition, a booklet containing our major public use forms is in each D.C. public library branch, and a photocopy can be made of these forms.

Some important changes are applicable for the 1984 tax year due to continued Federal Conformity. We recommend that you carefully read the instructions contained in this booklet before preparing your return. If you should still have a question that is not answered in our instructions, you may call 727-6103 for assistance. In addition, the Taxpayer Services Office will continue its TDD Service (Telecommunications Service for the Deaf). Hearing impaired individuals who have access to a TDD may call our Taxpayer Services Office at 727-5618 for assistance.

Our Taxpayer Services Office will offer assistance in the preparation of your return at the Martin Luther King Memorial Library, 901 G Street, N.W., Room A-9, on the following dates:

Date

Days

*January 2 through March 29

April 1 through April 15

April 5 and April 12

April 6 and April 13

*January 2 through March 29

Monday through Friday

Monday through Thursday

Fridays

Saturdays

*January 2 through March 29

Monday through Friday

Fridays

Saturdays

*January 2 through March 29

Monday through Thursday

9:30 A.M. to 4:30 P.M.

9:30 A.M. to 4:30 P.M.

*NOTE: The Martin Luther King Library will be closed on the following dates: January 15, 1985; January 21, 1985; and February 18, 1985.

We will continue to give prompt attention to processing and mailing income tax refunds. However, so that our personnel can be available to assist taxpayers with information on the preparation of their returns, no information regarding the status of 1984 Individual Income Tax refunds will be available until May 1, 1985. Your cooperation is appreciated.

Melvin W. Jones
Director

Department of Finance and Revenue

District of Columbia

Department of Finance and Revenue

Peel off the label below and place it in the address area of the Form D-40 you file. ▼ Make necessary corrections.

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ables, Income Tax	3
Vhen and Where to File	·
ero Bracket Amount3	}

DISTRICT OF COLUMBIA INDIVIDUAL INCOME TAX RETURN For Calendar Year 1984 or Other taxable year beginning 19_ and ending Your social security no. Your first name and middle initial Last name Your occupation Spouse's name (if joint or combined) Not to be filled in by Taxpaver В Spouse's social security no. Present home address (number and street) Ant. no. מ Spouse's occupation State Zip Code If you moved into or out of the District in 1984, enter dates of residence in the District FROM. and enter the number of months you were a resident. NUMBER OF EXEMPTIONS DEPENDENTS-List name and relationship **FILING STATUS** EXEMPTIONS (Check only one) YOURSELF BLIND DEPENDENTS 65 or OVER COL A I COL B ORDER HERE 1 Single 2 (B) Head of Household Married Filing Jointly See Instructions Spouse (C) Married and spouse is filing separate FORM D-40 MONEY 1 Spouse's Name...... 8 Married Filing Separate ∫Col. A IF THIS IS A FINAL RETURN FOR A DECEASED TAXPAYER ENTER on this Combined Form I Col. B PLEASE ATTACH CHECK DATE OF DEATH HERE, IF FINAL RETURN, ATTACH FORM FR-147 MULTIPLY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED IN COLUMN A OR B ABOVE BY \$750 AND ENTER RE-SULT ON LINE 9 BELOW, COLUMN A AND/OR B. PART YEAR RESIDENTS MUST PROPATE THEIR EXEMPTIONS. If Combined Separate Filing is elected, use Col. A for Husband and Col. B for Wife, otherwise use Col. B only, COLUMN A 1. Total Federal Adjusted Gross Income (From Line 42, Part I, Page 2)..... 2 3. Total (Add Lines 1 and 2) 4. Subtractions (From Line 57, Part II, Page 2) 5. Total District income (Subtract Line 4 from Line 3) 7. If you Itemize Deductions, Enter Total Deductions (From Line 69, Part III, Page 2) 8. Net Income (Subtract Line 6 or Line 7 from Line 5) 8 9. Amount for Exemptions claimed above 9 PLEASE ATTACH WITHHOLDING STATEMENT(S) HERE 10. Taxable Net Income (Subtract Line 9 from Line 8) 10 11. Tax from either Tax Table or Income Tax Rate Schedule..... 11 12. Credit: tax paid to another state. (Attach copy State Return—See Page 3 of Instructions)... 13. Credit for D.C. campaign contributions. (See Page 4 of Instructions)..... 13 14. Credit for child and dependent care. (30% of Federal credit. See Page 4 of Instructions) 15. Total of lines 12, 13 and 14 15 16. Net Tax. Subtract line 15 from line 11 and enter difference (but not less than zero)..... 17. D.C. income tax withheld. Attach Withholding statements..... 17 18. 1984 estimated tax payments 18 19 20. Property Tax Credit. Attach Schedule H..... 20 23. Overpayment (If Line 16 is smaller than Line 21)..... 24. Amount of line 23 you wish REFUNDED..... 24 25. Combined Return NET BALANCE DUE Pay in Full With This Return :25 27. Check box, if joint 1985 estimated Amount of Overpayment to be Credited to 1985 Estimated Tax tax vouchers are filed TO REDUCE PRINTING COST, IF YOU DO NOT NEED D.C. TAX FORMS AND INSTRUCTIONS MAILED TO YOU NEXT YEAR, CHECK THE BOX AND SEE INSTRUCTIONS. Under penalties of law, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge. HERE Make check or money order payable to D.C. Treasurer. Mail this return and remittance to the Department of Finance If joint return, BOTH HUSBAND AND WIFE MUST SIGN Date NO and Revenue, Ben Franklin Station, P.O. Box 7861 Washington, D.C. 20044-7861 on or be-Signature of Preparer other than taxpayer Date

Address

Fed. I.D. No. or S.S. No.

fore April 15, 1985.

All taxpayers must complete Part I. Enter in Columns A and/or B the amounts reported on your Federal income tax return. If Combined separate filing is elected, use Column A for Husband and Column B for Wife. Otherwise, use Column B only. Enter in Column C the Total Adjusted gross Income from your Federal return. If you are not required to file a Federal return see instructions. Taxpayers who have modifications to their Federal adjusted gross income must complete Part II by entering the adjustments in Columns A and/or B. Taxpayers who itemize deductions must also complete Part III, Columns A, B and/or C wherever applicable. Refer to the Specific instructions for line by line instructions before completing any of the Parts below.

	RT I—INCOME AND ADJUSTMENTS FROM FEDERAL RETURN	COLUMN (A)	COLUMN (B)	COLUMN (C)
28.	Wages, Salaries, Tips, etc			
29.	Interest	l i		
30.	Dividends (Do not forget to subtract the Federal Exclusion)	l l		
31.	Refunds of State and local income taxes			
32.	Alimony received	1		
33.	Business income or (loss).	;		THEN
34.	Capital gain or (loss)	i I		7年6月萬藏
35.	Fully taxable pensions and annuities.	t i		
36.	Rents, royalties, partnerships, estates, trusts, etc.			十二子 美麗
37.	Farm income or (loss).			1 3033
38.	Unemployment compensation (insurance)		1	
39.	<u> </u>			+
39. 40.	Total (add Lines 28 Through 39).		+	
	Less Adjustments (Attach a statement detailing specifically what adjustment(s)			1 100
ł 1.	are taken on this line. Also refer to the Specific Instructions)	i l		2 - 2 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -
10	Total Federal Adjusted Gross Income (Enter here and on line 1, page 1)			E. M. M. All And Andrews
				_
	RT II—MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOM ADDITIONS Marital Deduction (See Bose E of Instructions)		Т	10000000000000000000000000000000000000
13. 14	, , , , , , , , , , , , , , , , , , , ,	! I		
	60% Unincorporated Business capital gain differential	. +	+	
	Other Additions (Specify)		+	
łb.	Total Additions (Add lines 43 thru 45. (Enter here and on line 2, page 1)			. 1. Troping
	SUBTRACTIONS		 	THE STATE OF THE S
1 7.	Interest on U.S. Obligations		<u> </u>	
	Contribution Deduction (non-itemized only) (See Page 5 of Instructions)			
	State and Local Refunds included on Federal return			
50.	Nonresident income (See Page 5 of Instructions)	!		
51.	Social Security Income (See Page 5 of Instructions)			7
	Disability Income Exclusion (See Page 5 of Instructions)			
	Income reported and taxed on D.C. Franchise or Fiduciary return			7. 3. 4. 3. 4. 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.
	D.C. Lottery Winnings			7-30-20
	Income previously taxed by D.C.			1.000000
	Other Subtractions			TNORTH
***	Total Subtractions (Add lines 47 thru 56. (Enter here and on line 4, page 1			十 张 美 强 强
:7	- Fotal Subtractions than times of time of. Third Hotz and on time is page			The second of th
57.	,			
	RT III—ITEMIZED DEDUCTIONS AND DISTRICT ADJUSTMENTS			The second secon
PAI				
PAI	RT III—ITEMIZED DEDUCTIONS AND DISTRICT ADJUSTMENTS			
PAI 58. 59.	RT III—ITEMIZED DEDUCTIONS AND DISTRICT ADJUSTMENTS Medical and Dental Expense			
PAI 58. 59. 60.	RT III—ITEMIZED DEDUCTIONS AND DISTRICT ADJUSTMENTS Medical and Dental Expense			
PAI 58. 59. 60.	RT III—ITEMIZED DEDUCTIONS AND DISTRICT ADJUSTMENTS Medical and Dental Expense Taxes Interest			

Total Itemized Deductions (Add lines 58 through 63).....

Contribution Carryovers prior to January 1, 1982 (See Page 5 of Instructions)...

Add Lines 65, 66 and 67......

Total District Deductions (Subtract line 68 from line 64. (Enter here and on line 7, page 1).....

State and Local Income Taxes Included on Line 59.....

Deductions During Period of Nonresident Status......

67.

69.

Conform7 wd107

PLEASE ATTACH CHECK OR MONEY ORDER HERE PLEASE ATTACH WITHHOLDING STATEMENT(S) HERE

	D-40 **	Å INDIV	IDUAL INCO	F COLUMBIA DME TAX RI	ETURN	c	1984	
L				ear 1984 or Other				
	ur social security no.	taxable year beginn], 19			
10	ur social security no.	Tour first name and middle in	iiiiai Li	ast name				
Yo	ur occupation		Not to be 800					
			İ		-		ed in by Taxpay	er
Sp	ouse's social security no.	Present home address (numb	er and street)		Apt. no.	A B	A B	
- 6						-	1- 1-	
5p	ouse's occupation	City	S	tate	Zip Code	C D	C D	
_	····	<u> </u>]			
	you moved into or out of							
TO			number of mont	hs you were a res				
DLI	CHOCKETO COST HEIRE BITO FERBILORISHIP	FILING STATUS (Check only one)		EXEMPTION YOURSELF 65	NS or OVER BLIND	DEPENDENTS	NUMBER OF EXEMPTIONS	
		A ☐ Single		1 +			COLA CO	L B
		(B) Head of Househ	ald	2 + H	片	* - -	<i>/////////////////////////////////////</i>	_
			ointly See Instructions For Surviving Spou			· [⁺] ┡╣ [╸] ║		
				use LZ + L		+ =		
		(D) Married and spo separate FORM	use is ming D-40	1 + 1		[ე
		Spouse's Name		٠١		· 🖵 📗		-
_		Spouse's Soc. Sec. No						
	HIS IS A FINAL RETURN FOR	(E) Married Filing So	. ,	1 +	_ + _	+ 🔲 =		¬
	DECEASED TAXPAYER ENTER TE OF DEATH HERE, IF FINAL _	on this Combine	d Form (Col. B	1 +	+	+		
RET	TURN, ATTACH FORM FR-147	MULTIPLY THE TOTAL N	UMBER OF EXEM	PTIONS CLAIMED	IN COLUMN A OR B	ABOVE BY \$750	AND ENTER	BF-
		SULT ON LINE 9 BELOW						
_	If Combined Separate F	lling is elected, use Col. A for H	usband and Col. B for	Wife, atherwise use Ca	ol. B only.	COLUMN A	COLUMN E	
¥		ed Gross Income (From				<i>.</i>		
GROSS INCOME		e 46, Part II, Page 2)					<u>_</u> .	
S S	3. Total (Add Lines 1 a	ind 2)						
ž č	4. Subtractions (From	Line 57, Part II, Page 2)			4			
_	5. Total District income	e (Subtract Line 4 from I	_ine 3)					
ш	If you do not itemize	deductions. Enter \$1000	for FILING STAT	US (A) (B) or (C)	Enter \$500			
TAXABLE INCOME		(D) or (E). (See instructi						·
¥		ctions, Enter Total Deduc						
₽ B		t Line 6 or Line 7 from						1
≰		ons claimed above						
_	10. Taxable Net Income							<u> </u>
	11. Tax from either Tax				11			
	12. Credit: tax paid to a							
-	13. Credit for D.C. camp							
ן בַּ	14. Credit for child and							ļ
MENTS	15. Total of lines 12, 13							
7 2 2	16. Net Tax. Subtract li							↓ i
{ }	17. D.C. income tax with							
-	18. 1984 estimated tax p							ļļ
-	19. Payments made with							
-	20. Property Tax Credit.							<u> </u>
_	21. Total payments and						<u></u>	1
	22. Balance Due (If Line							$\perp \perp \mid$
5	23. Overpayment (If Line							
EFUND	24. Amount of line 23 yo							
	25. Combined Return NI			Pay in Full With 1	This Return . 25			
ן ל	26. Combined Return NI				26·	_		- 1
	Check box, if joint 1 tax vouchers are file	985 estimated ► 🗌	Amount of Overp Credited to 1985		72			
_!					27	TO VOLL NEWS		<u> </u>
	TO REDUCE PRINTING (CHECK THE BOX AND S	SEE INSTRUCTIONS.						·[_]
	Under penalties of law, I decia	are that I have examined this retu true, correct, and complete. If	irn, including accompa	nying schedules and st	atements, and to the best of	Taxpayer Daytime	Telephone	 -
	information of which the prep	arer has any knowledge.	breharen na a betsou (omer man taxpayer, this	s deciaration is dased on al	·		
H						1	noney order payal	
Ξ	If joint return, BOTH HUSI	BAND AND WIFE MUST SIGN			Date	1	Mail this return a Department of Fir	
SIGN HERE	,	MOOT OIGH			Date	and Revenue, Ber P.O. Box 7861	Franklin Station	,
Ø	Cianature of P.	r than tayon	Data	N. I.		Washington, D.C.	20044-7861 on	or be-
	Signature of Preparer other	л шап тахрауег	Date /	Address	Fed. I.D. No, or S.S. No.	fore April 15, 198		

All taxpayers must complete Part I. Enter in Columns A and/or B the amounts reported on your Federal income tax return. I Combined separate filing is elected, use Column A for Husband and Column B for Wife. Otherwise, use Column B only. Enter in Column C the Total Adjusted gross Income from your Federal return. If you are not required to file a Federal return see instructions. Taxpayers who have modifications to their Federal adjusted gross income must complete Part II by entering the adjustment in Columns A and/or B. Taxpayers who itemize deductions must also complete Part III, Columns A, B and/or C wherever applicable. Refer to the Specific instructions for line by line instructions before completing any of the Parts below.

PA	RT I—INCOME AND ADJUSTMENTS FROM FEDERAL RETURN	COLUMN (A)	COLUMN (B)	COLUMN (C)
28.	Wages, Salaries, Tips. etc			(4)
29.	Interest			
30.	Dividends (Do not forget to subtract the Federal Exclusion)			
31.	Refunds of State and local income taxes			
32.	Alimony received			
33.	Business income or (loss)			
34.	Capital gain or (loss).			
35.	Fully taxable pensions and annuities.		 	
36.	Rents, royalties, partnerships, estates, trusts, etc	l (
37.	Farm income or (loss)			
38.	Unemployment compensation (insurance)			
39.	Other income (Specify)		<u> </u>	*
40.	Total (add Lines 28 Through 39).			
41.				
41.	Less Adjustments (Attach a statement detailing specifically what adjustment(s)			
42	are taken on this line. Also refer to the Specific Instructions)			
42.	Total Federal Adjusted Gross Income (Enter here and on line 1, page 1)			<u> </u>
PΑ	RT II—MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOM ADDITIONS	ME		
43.	Marital Deduction (See Page 5 of Instructions)			
44.	60% Unincorporated Business capital gain differential		-	
45.				
	Other Additions (Specify) Total Additions (Add lines 43 thru 45. (Enter here and on line 2, page 1)			
40.				
	SUBTRACTIONS			-
47.	Interest on U.S. Obligations		<u> </u>	
48.	Contribution Deduction (non-itemized only) (See Page 5 of Instructions)			
49.	State and Local Refunds included on Federal return			
50.	Nonresident income (See Page 5 of Instructions)			* * *
51.	Social Security Income (See Page 5 of Instructions)			
52.	Disability Income Exclusion (See Page 5 of Instructions)		ļ	
53.	Income reported and taxed on D.C. Franchise or Fiduciary return			•
54.	D.C. Lottery Winnings			
55.	Income previously taxed by D.C			
	Other Subtractions			
57.	Total Subtractions (Add lines 47 thru 56. (Enter here and on line 4, page 1			
PA	RT III—ITEMIZED DEDUCTIONS AND DISTRICT ADJUSTMENTS,	·		
58.	Medical and Dental Expense			
59.	Taxes			
60.	Interest			
61.	Contributions			•
62.	Casualty or Theft Losses			
63.	Miscellaneous Deductions			
64.	Total Itemized Deductions (Add lines 58 through 63).			
65.	State and Local Income Taxes Included on Line 59.			
66.	Deductions During Period of Nonresident Status.	···	-	
67.	Contribution Carryovers prior to January 1, 1982 (See Page 5 of Instructions)			
68.	Add Lines 65, 66 and 67			
	Total District Deductions (Subtract line 68 from line 64. (Enter here and on line 7, page 1)			

DISTRICT OF COLUMBIA ITEMIZED DEDUCTIONS

SCHEDULE A

DO NOT COMPLETE THIS FORM IF YOU ITEMIZE DEDUCTIONS ON YOUR FEDERAL RETURN

1984

Name(s) as shown on Form D-40

Social Security Number

r												
Medical and	1	Prescription medicines and drugs; and insu	lin		1							
Dental Expenses	2	Other medical and dental expenses; a. Doctors, dentists, nurses, hospitals, heal	th ins	urance, etc	2a							
(do not include		b. Transportation and lodging		1	2b							
expenses reim-		c. Other (List-include hearing aids, denture	es, eye	glasses. etc.								
bursed or paid		•		_								
by others.)												
			. 									

			<i></i> .							.		
			<i>.</i> .									
		••••••										
		•••••			<u>2c</u> 3							
	3	Add lines 1 through 2c				i						
	4	Enter 5% of line 1, Form D-40 (combine Cobined separate filing is used)			4							
	5	Subtract line 4 from line 3. If line 4 is mor				· · · · · · · · · · · · · · · · · · ·	5					
Taxes	6	Real Estate			6	<u> </u>						
	7	a General sales (See Federal sales tax table	•						İ			
	_	b General sales on motor vehicles		!	7b	-						
	8	Other (list—include personal property)										
	9	Add lines 6 through 8. Enter your answer		L.	8		9		-	\vdash		
	10	a Home mortgage paid to financial institution					9					
Interest Expense	10	b Home mortgage paid to individua		i	IUa			÷				
		son's name and address)		-					·			
		soil's fiame and address)			10b							
	11	Credit cards and charge accounts		1	11	-						
	12	Other (list)										
		***************************************			12				* 1			
	13	Add lines 10a through 12. Enter your answ	ver he	re			13					
Contributions	14	a Cash contributions for which you have record or other written evidence			14a							
ļ	,	b Other cash contributions (list)						4.				
					14b							
		a., .,										
	15	Other than cash			15		40					
	16	Add lines 14a through 15. Enter your answ	er ne	re	<u></u>	·	16	-				
Casualty	17	Total Casualty or theft loss(es). If you	claim	a casualty or th	eft k	oss on your						
and		Federal Tax Return, enter the amount claim	ned.	If you did not item	nize di	eductions on						
Theft				•								
Losses		your Federal Tax Return, you must attach co	mplet	ed Federal Form 46	584 to	your District						
		Tax Return, D-40				. .	17					
Miscellaneous	18	Union and Professional dues			18				-			
Deductions	19	Tax return preparation fee			19			45.5				
Deanctions	20	Other (list) ►										
					20							
	21	Add lines 18 through 20. Enter your answe	er here	<u>)</u>		▶	21					
		Summary of	22	Total medical and	denta	al—line 5						
Enter totals from	sumr	nary on Form D-40, Part III, Itemized	23	Total taxes—line						$\vdash \dashv$		
Page 2, in approp	riate	Column A and/or B. If com- Deductions	24	Total interest—lin						$\vdash \vdash \vdash$		
		is elected, husband and wife	25	Total contribution								
may split deducti	ons as	they mutually agree.	26	Total casualty or t								
			27	l -								
		27 Total Miscellaneous—line 21										



SCHEDULE B

DISTRICT OF COLUMBIA INTEREST AND DIVIDEND INCOME

DO NOT COMPLETE THIS FORM IF YOU FILE A FEDERAL RETURN

1984

Name(s) as shown on Form D-40

social security number

If Combined Separate	Filing is elected, use Col. A for Husband and Col. B for Wife; otherwise use Col. B only	COLUMN A	COLUMN B
Part I Interest Income	If you received more than \$400 in interest or you received any interest from an All-Savers Certificate, you must complete Part I and list ALL interest received. See instructions for Federal Schedule B. (See Federal Instructions, if you received any interest from All-Savers Certificate)		
	Interest Income		
	1 Interest income from seller-financed mortgage (show name of payer)		
	2 Other interest income (show name of payer)		
		-	
,	3 Add lines 1 and 2. Enter here and line 29, Page 2, Form D-40.	-	
Part II Dividend Income	Complete this part only if: (1) your gross dividends exceed \$400, or (2) you are electing to exclude certain reinvested stock dividends from qualified public utilities. See Federal instructions for Schedule B.		
	4 Name of payer		
-			
-			
	5 Add amounts on line 4	-	
	6 Capital gain distributions.		
	7 Nontaxable distributions.		
	8 Exclusion of stock dividends from dividend reinvestment plan of a qualified public utility.		
}	9 Add lines 6, 7, and 8		
	10 Subtract line 9 from line 5. Enter here and on line 30, page 2, Form D-40.		
	•		
Instructions	Refer to Federal Instructions for filing Schedule B in regard to specific detail be completed and attached to your District Return, Form D-40 only if you are no	s in completing this t required and are no	s form. This Form is to ot filing a Federal Return.

DISTRICT OF COLUMBIA ITEMIZED DEDUCTIONS

SCHEDULE A

DO NOT COMPLETE THIS FORM IF YOU ITEMIZE DEDUCTIONS ON YOUR FEDERAL RETURN

1984

Name(s) as shown on Form D-40

Social Security Number

	•				
Medical and	1	Prescription medicines and drugs; and insulin	<u> </u>		
Dental Expenses	2	Other medical and dental expenses;			
· ·		a. Doctors, dentists, nurses, hospitals, health insurance, etc 2a			
(do not include		b. Transportation and lodging			
expenses reim-		c. Other (List-include hearing aids, dentures, eyeglasses. etc.			
bursed or paid		>			
by others.)					
					3
		2c	 		
	3	Add lines 1 through 2c 3	 		
	4	Enter 5% of line 1, Form D-40 (combine Column A and B, if com-			
	_	bined separate filing is used)	 		H
	5	Subtract line 4 from line 3. If line 4 is more than line 3, write zero	5		
Taxes	6	Real Estate	\vdash		
	7	a General sales (See Federal sales tax tables)	\vdash		
	_	b General sales on motor vehicles	\vdash		
	8	Other (list—include personal property)			
	9	Add lines 6 through 8. Enter your answer here	9		
	10	a Home mortgage paid to financial institutions	1 3		
Interest Expense	10	b Home mortgage paid to individuals (show that per-	 		
		son's name and address)			
,		son's name and address)	 		
	11	Credit cards and charge accounts	 		
	12	Other (list)	\vdash		
					10 M
	13	Add lines 10a through 12. Enter your answer here	- 13		
Contributions	14	a Cash contributions for which you have receipts, cancelled checks			
Contributions		or other written evidence	$oxed{oxed}$		
		b Other cash contributions (list)			
			—		100
	4-				
	15	Other than cash	 		<u>.</u> \
	16	Add lines 14a through 15. Enter your answer here	16	The State of the S	
Casualty	17	Total Casualty or theft loss(es). If you claim a casualty or theft loss on your			
and		 Federal Tax Return, enter the amount claimed. If you did not itemize deductions on			
Theft					
Losses		your Federal Tax Return, you must attach completed Federal Form 4684 to your District			
		Tax Return, D-40	17		
	18	Union and Professional dues	<u> </u>	ž.	
Miscellaneous	19	Tax return preparation fee	†		
Deductions	20	Other (list) >	†		
		20			
	21	Add lines 18 through 20. Enter your answer here	21		
				- -	
		Summary of 22 Total medical and dental—line 5	• • • • • •		

	Summary of	~~	Total illegical and dental—title J	
Enter totals from summary on Form D-40, Part III,	Itemized	23	Total taxes—line 9	
Page 2, in appropriate Column A and/or B. If com-	Deductions	24	Total interest—line 13	
bined separate filing was elected, husband and wife may split deductions as they mutually agree.		25	Total contributions—line 16	
may spire deductions as they mutually agree.		26	Total casualty or theft loss(es)—line 17	
		27	Total Miscellaneous—line 21	
		28	Total deductions (Add lines 22 through 27)	

SCHEDULE B

DISTRICT OF COLUMBIA INTEREST AND DIVIDEND INCOME

DO NOT COMPLETÉ THIS FORM IF YOU FILE A FEDERAL RETURN 1984

Name(s) as shown on Form D-40

social security number

 If Combined Separate	Filing is elected, use Col. A for Husband and Col. B for Wife; otherwise use Col. 8 only	COLUMN A	COLUMN B
Part 1 Interest Income	If you received more than \$400 in interest or you received any interest from an All-Savers Certificate, you must complete Part I and list ALL interest received See instructions for Federal Schedule B. (See Federal Instructions, if you received any interest from All-Savers Certificate)		
	Interest Income		
	1 Interest income from seller-financed mortgage (show name of payer)		
	2 Other interest income (show name of payer)		
	3 Add lines 1 and 2. Enter here and line 29, Page 2, Form D-40.		
Part II Dividend Income	Complete this part only if: (1) your gross dividends exceed \$400, or (2) you are electing to exclude certain reinvested stock dividends from qualified public utilities. See Federal instructions for Schedule B.		
	4 Name of payer		
	5 Add amounts on line 4		
	6 Capital gain distributions.		
	7 Nontaxable distributions.		
	8 Exclusion of stock dividends from dividend reinvestment plan of a qualified public utility.		
	9 Add lines 6, 7, and 8		
	10 Subtract line 9 from line 5. Enter here and on line 30, page 2, Form D-40.		
Instructions	Refer to Federal Instructions for filing Schedule B in regard to specific detail be completed and attached to your District Return, Form D-40 only if you are no		

Instructions for Form D-40 and for Schedules A, B, and H

DISTRICT INCOME TAX HIGHLIGHTS

A number of Federal Tax Law changes were made for 1984. The more significant changes affect capital gain holding period, depreciation, medical expense, imputed interest and installment sales, just to mention a few.

It would not be possible to list or explain here all of the changes resulting from the passage of the Federal Tax Reform Act of 1984. You should therefore refer to Federal Instructions concerning any specific questions or explanations regarding these changes.

Additionally, there were some previously enacted changes that may affect your 1984 District tax return. The 1% exclusion for medicines and drugs is no longer allowed on either Federal and District Schedule A for those taxpayers who itemize their deductions. For 1984, a certain amount of Social Security income may be taxable on your Federal tax return. The District will continue to exclude such income. Also, for 1984. The District will continue to allow a Disability Income Exclusion as an adjustment to income, although for Federal tax purposes such exclusion has been eliminated in favor of a credit computed on Federal Schedule R.

Read carefully the instructions contained within this booklet before preparing your District return. You should complete your Federal return before preparing your District return.

GENERAL INSTRUCTIONS

Please use the mailing label on the forms sent to you. If you did not receive forms with a label, print or type your name, address and social security number in the space provided. If you do not require that a booklet be mailed to you next year, please check the box provided on the front page of Form D-40 and you will receive only a label to be attached to your 1985 return. Requesting that forms not be mailed reduces government costs.

Married taxpayers who file separately on one form should use Column A for the husband and Column B for the wife. Taxpayers who are single, head of household, married filing jointly or married and spouse is filing on a separate form must use Column B.

Married taxpayers who file jointly or separately on one form must show the Social Security numbers in the same order that they show their first names on the return. If you are married and filing on a separate form, enter your spouse's name and social security number in the space provided next to Filing Status D.

District law requires that your Social Security number be entered in the space provided. Your Social Security number is necessary for proper identification of your account with the District and will be used only for tax administration purposes.

The instructions in this booklet generally assume that you are filing a Federal tax return and instruct you to enter certain items or amounts from your Federal return on your District return. If you are not required to file a Federal return, you should enter items or amounts as if you were required to file a Federal return.

Who Must File a Tax Return

File a Form D-40 if your income exceeds the following amounts:

\$2,500 for married persons filing jointly;

or

- \$1,750 for single persons; or
- \$1,250 for married persons filing separately (\$750, if either spouse itemizes deductions);

and (1) You maintained a permanent home (domicile) in the District at any time during the taxable year; or (2) You maintained a place of abode (lived) in the District for an aggregate of 183 days or more during the taxable year. If the requirements of (1) or (2) are met for less than the full year, you must file a part-year return.

Note: If you do not meet the income requirements, but you are a resident of the District, you should file Form D-40 to request a refund of tax withheld.

Who is Not Required to File a Return

Do not file a return if you were:

- A nonresident of the District.
- Single and received less than \$1,750 gross income during the taxable year.
- Married and filing jointly, and you received less than \$2,500 in gross income during the taxable year.
- Married and filing separately, and you received less than \$1,250 in gross income during the taxable year (less than \$750 if either spouse itemizes deductions).
- An elective officer of the U.S. Government, unless domiciled in the District.
- An employee on the personal staff of an elected officer in the legislative branch of the U.S. Government, and both you and the elected officer are bona fide residents of the same state.
- An officer of the executive branch of the U.S. Government appointed by the President of the United States, subject to confirmation by the Senate of the United States, and whose tenure of office is at the pleasure of the President, unless you were domiciled within the District at any time during the taxable year.
- A Justice of the Supreme Court of the United States not domiciled within the District at any time during the taxable year.

Note: If you are a nonresident who is not required to file a District return, and District tax was withheld from your wages, use Form D-40B to claim a refund. Form D-40B may also be used to request a ruling with respect to liability for District income tax. To request a Form D-40B, see page 3 of instructions, on How to Obtain Forms. If you are not required to file a tax return, but you are entitled to a property tax credit, file Schedule H (Form D-40) only.

How to File a Part-Year Return

If you were a District resident for less than a full calendar or fiscal year, follow instructions 1 through 4 below. If you and/or your spouse lived in the District for less than a full year and for different periods of time, you must file separate Forms D-40.

(1) Complete Part I of Form D-40, page 2 by

copying the corresponding line by line amounts from your Federal return.

Gross income received while a nonresident of the District is subtracted by reporting such income on line 50, Part II of Form D-40, page 2.

- Prorate your personal exemptions and credit for dependents according to the number of months you were a resident of the District. (For the purpose of prorating exemptions and dependents, divide the aggregate number of days you were a resident of the District by 30 in order to determine months. A remainder of over 15 days shall be considered a full month).
- You may itemize your deductions or claim a Zero Bracket Amount prorated according to the number of months you were a resident of the District. (For the purpose of prorating the Zero Bracket Amount, divide the aggregate number of days you were a resident of the District by 30 in order to determine months. A remainder of over 15 days shall be considered a full month). If you itemize deductions, copy your deductions from your Federal Schedule A or District Schedule A (if you are not itemizing deductions on your Federal return) on lines 58 through 63, Part III of Form D-40, page 2. Subtract the deductions paid during the period of nonresidence in the District on line 66, Part III of Form D-40. page 2.
- Do not claim the property tax credit. This credit is allowed only if the claimant lived in the District for the full twelve months of the year.

When and Where to File

File your return as soon as possible after January 1, but not later than April 15, 1985. Mail it to the Department of Finance and Revenue, Ben Franklin Station, P.O. Box 7861, Washington, D.C. 20044-7861.

Extension of Time for Filina Copies of Federal extension of time requests are no longer accepted.

If you require more time to file your return. an extension of time may be requested by filing Form FR-127 on or before April 15, 1985. Any balance of tax due, as shown on Form FR-127, must be remitted with the request. Interest must be paid on any tax which is not paid on time, and is computed from the due date of the return even though an extension of time may be granted in which to file the return. To request a Form FR-127, see page 3 of instructions on How to Obtain Forms.

Payment of Balance Due

Any balance of tax due must be paid with your return. If combined separate filing is elected, the combined net balance due must be paid with your return. Make your check or money order payable to the "D.C. Treasurer." Do not send cash. Write your social security number on your remittance.

Penalties and Interest

The penalty for failure to file a return on time is 5 percent of the balance due (combined net balance due, if combined separate filing is elected) for each month or fraction thereof that such failure continues, but not more than 25 percent in the aggregate.

Interest at the rate of one and one-fourth percent per month or portion of a month must be paid on any tax which remains unpaid after the due date of the return. Interest is computed from the due date of the return to the date of payment and applies even though an extension of time may have been granted in which to file the return.

Notice of Charge for Dishonored Checks

A penalty of \$15.00 will be imposed if a check in payment of any obligation due the District of Columbia is not honored by your bank

Declaration of Estimated Tax for 1985

A Declaration of Estimated Tax is required when an individual anticipates gross income not subject to withholding tax that will result in a tax liability of more than \$100.

Joint or Separate Returns

It is generally advantageous for married couples to file separate returns if each has gross income in excess of \$1,250. They may file separate returns on one Form D-40. Separate returns should include only the income of the filing spouse.

Joint returns must include all income of both spouses. The names and social security numbers of both spouses must be entered in the heading of the return. Both spouses must sign the return.

Combined Separate Filing

If combined separate filing is elected: (1) the husband must report his income in column A and the wife must report her income in B; (2) the names of both spouses must be entered in the heading of the return; and (3) both spouses must sign the return. Do not claim an exemption for the other spouse if he (she) is filing a separate or combined separate return.

Change of Address - If you move during 1985 after filing your 1984 District income tax return, notify the Department of Finance and Revenue of your new home address. This notification should be in writing and should contain the following information:

- 1. Name(s) under which the return is filed;
- 2. Address shown on return:
- Your new address; and
- 4. Your social security number and, if applicable, your spouse's social security number.

Note: If you have notified your post office of a change of address, your refund check, if you are due a refund, should be forwarded to the new address.

Deceased Taxpayers

If a person died in 1984 or in 1985 before filing a return for 1984, the executor, ad ministrator or surviving spouse must file; return for the decedent. An executor or ad ministrator may elect to file a joint return with the surviving spouse. If an executor or ad ministrator has not been appointed, the sur viving spouse may file a joint return and in dicate on the return in the designated area the date of death. It is not necessary to prorate the personal exemption or Zero Bracke Amount of the deceased taxpayer if he (she died during 1984. If a refund is due, attach Form FR-147. To request a Form FR-147, see page 3 of instructions on How to Obtain Forms.

Surviving Spouse

You may qualify as surviving spouse if you meet all the tests for Federal tax purposes If your spouse died in 1984, you may file a joint return for the year if: (1) you were entitled to file a joint return at the time your spouse died and (2) you did not remarry during the year. If you are a surviving spouse with a qualified dependent, you may file as Head or Household.

Income Averaging

Income averaging and 10 year averaging rule for lump sum distributions from qualified retirement, profit-sharing or stock bonus plans are not permitted on the District return.

Whole-Dollar Accounting

You may round off cents to the nearest whole dollar on your return and schedules. If you elect to round off, do so for all amounts. You can drop amounts under 50 cents. Increase amounts from 50 to 99 cents to the next dollar.

Attachments to the Return

Fill in applicable items of income, adjustments, tax computation and deductions on the official return form and schedules. If you need more space, attach statements that follow the format of the official forms. Enter the totals shown on the supporting statements on the appropriate lines of the official forms. Be sure to put your name and social security number on any attachments.

Check These Items Before Mailing Your Return

- Signature(s) on return.
- Social Security number(s) on return.
- Name and address label from booklet is attached to return or name and home address, including apartment number and zip code, typed or printed neatly on the return.
- Withholding Statements from each employer is attached.
- If the Property Tax Credit is claimed, Schedule H is attached.
- Filing status checked, numbers inserted in exemption blocks, and first name and relationship of each dependent listed.
- If the Disability Income Exclusion is claimed, Form D-2440 is attached.
- If you itemize deductions on your District return, but not on your Federal return, District Schedule A (Form D-40) is attached.

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- If you are not required to file a Federal return but are required to file a District return, and you have dividend and/or interest income, District Schedule B (Form D-40) is attached.
- If you claim credit for income tax paid to another state, a copy of the State tax return is attached.
- If credit for child and dependent care expenses is claimed, and you are not required to file a Federal return, or you are filing a Partyear return with the District, Form D-2441 is attached.
 - All computations for accuracy.
- If there is a balance due, your check or money order payable to the D.C. Treasurer is attached. Show your social security number and indicate that the payment is for 1984 Income Tax.

Taxpayer Assistance

For general information and the locations of the taxpayer assistance offices, you may call 727-6103, twenty-four (24) hours a day.

How to Obtain Forms

District tax forms may be obtained in Room 1046 of the Municipal Center, 300 Indiana Avenue, N.W., or by calling 727-6170.

A limited supply of general purpose forms will also be available at the District Building, the Main Post Office, and the Martin Luther King Memorial Library. For a list of other tax forms locations, please call 727-6103.

Amended Returns

Form D-40X must be used to correct a previously filed Individual Income Tax Return (Form D-40). Do not file an amended return to provide additional information that has been requested by the Department of Finance and Revenue about any tax return you have already filed. An amended return must be filed if an adjustment was made by the Internal Revenue Service on any Federal Tax return. Amended returns should be mailed separately from your current year return. By filing an amended return as early as possible, you can minimize any accrued interest charges

SPECIFIC INSTRUCTIONS

Report the husband's income, deductions and exemptions in column A, and the wife's in column B if you elect to file combined separate returns.

Instructions for Page 1, Form D-40 Lines A thru E — Filing Status and Exemptions

Place an "X" in the block which designates your filing status. Married persons not living together must file as single persons. Head of Household status may be claimed if you are eligible for such status on your Federal return. You must allocate the exemptions for taxpayer and spouse together with the exemptions for age 65 or over, or blindness to the taxpayer to whom they relate.

Indicate in the blocks beside your filing status the personal exemptions to which you are entitled. You may claim an exemption for your spouse only if all the income of the spouse is included on this return or if your spouse had no income.

If you were 65 or over, enter a "1" in the block beside your filing status. If a joint return is filed and both husband and wife were 65 or over enter a "1" in each block under this heading. If only the husband is 65 or over enter a "1" in the block marked "H" or if only the wife is 65 or over enter a "1" in the block marked "W".

If you were blind, enter a "1" in the block beside your filing status. If a joint return is filed, the figure '1' should be entered in the same manner as described above in the 65 or over instructions.

Enter in the space provided the first name and relationship of each dependent claimed on your Federal income tax return. Enter the total number claimed in the block provided beside your filing status. If combined separate filing is elected, the dependents may be split between the husband and wife as they mutually agree.

Add the numbers inserted in the various blocks and enter the total in the block under Number of Exemptions. Mutiply the number of exemptions to which you are entitled by \$750 and enter this amount on line 9, Column A and/or B. If this is a part-year return, this amount must be prorated. See instructions for line 9, page 1. It is not necessary to prorate the exemptions of a decedent on a final return.

If you were divorced or married during the year, your marital status on the last day of the taxable year controls.

Line 1 — Total Federal Adjusted Gross Income

This is the total adjusted gross income reported on your Federal return and shown on line 42, Part I, page 2 of Form D-40. Part-year residents must include their entire adjusted gross income on line 1 of the return. Non-resident income will be accounted for in Part II, Modifications to Federal Adjusted Gross Income.

Line 2 - Additions

Enter the total additions from line 46, Part II, page 2 of Form D-40.

Line 3 — Subtractions

Enter the total subtractions from line 57, Part II, page 2 of Form D-40.

Line 5 — Total District Income

Total District income is the amount of income after modifications to your Federal adjusted gross income. Total District income, plus or minus modifications for additions and subtractions, must equal your Total Federal adjusted gross income reported on line 1.

Line 6 - Zero Bracket Amount

Taxpayers may elect to claim a Zero Bracket Amount instead of itemizing their

deductions. However, if one spouse itemizes deductions, the other must also itemize and may not claim the Zero Bracket Amount. The Zero Bracket Amount allowed for filing status (A), (B) or (C) is \$1,000. The Zero Bracket Amount allowed for filing status (D) or (E) is \$500. Part-year residents must prorate the Zero Bracket Amount according to the number of months that they were resident's of the District.

Line 7 - Itemized Deductions

Enter the amount from line 69, Part III, page 2 of Form D-40, column A and/or B. Taxpayers should not itemize deductions if their deductions are less than the amounts allowable as Zero Bracket Amounts. If husband and wife living together file separate returns, and one itemizes deductions, the other must also itemize deductions. Deductions may be split between husband and wife as they mutually agree.

Line 9 — Exemptions (and Dependents)

Enter in the appropriate columns A and/or B the correct dollar amounts by multiplying \$750 times the number of exemptions claimed. Exemptions must be prorated on a partyear return according to the number of months you were a District resident.

Line 11 — Tax

If your taxable income is less than \$50,000, enter your tax from the Tax Table. Use the Tax Rate Schedule if your taxable income is \$50,000 or more. Both the Tax Table and Tax Rate Schedule are included in this booklet.

Line 12 — Credit for Tax Paid Another State

A resident of the District may claim a credit for income tax required to be paid, and which was in fact paid, to another state, territory or possession of the United States, or political subdivision thereof on income earned or received from sources within that jurisdiction while a resident of the District. To arrive at the credit use the following procedure:

- (1) Compute your District income tax liability on all income received within and without while a resident of the District.
- (2) To compute this credit, first find the percentage which the income subject to tax in the other jurisdiction while a resident of the District bears to the total income received within and without while a District resident.
- (3) You may compute the maximum allowable credit by applying the formula below:

$$\frac{A}{B} \times C = D$$

(A) Is income of any type derived from and taxed by any jurisdiction other than the District. Income derived from, but not taxed elsewhere may not be included in this numerator.

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(B) Is your entire adjusted gross income from within and without while a resident of the District

(C) Is your District tax liability before any other credits.

(D) This is the maximum allowable credit. (This credit may not exceed your District tax liability before any other credits and cannot exceed the amount of tax paid to the other state).

Attach a copy of the tax return filed with the other jurisdiction to your District return.

Line 13 — Credit for Political Campaign Contributions

Fifty percent of campaign contributions to District of Columbia political candidates up to a maximum of \$100.00 on a joint return or \$50.00 on all others can be claimed for the offices listed below:

- Electors of the President and Vice President of the United States;
- The Mayor, members of the Council and Delegate to the House of Representatives for the District of Columbia;
- The members of the Board of Education; National committeemen and national committeewomen for the District of Columbia;
- Delegates from the District of Columbia to conventions of political parties nominating candidates for the Presidency and Vice Presidency of the United States;
- Alternates to the officials referred to above, where permitted by political party rules;
- Such members and officials of local committees of political parties as may be designated by the duly authorized local committees of such parties for election at large or by ward in the District of Columbia.

This credit is not allowable if you were claimed as a dependent on another District tax return.

Line 14 — Credit for Child and Dependent Care Expenses

You must meet all the tests and requirements for Federal tax purposes to claim this credit on your District return. (However, married persons may file combined separate returns in lieu of filing a joint return). You must file a joint return or combined separate returns in order to claim this credit. In the case of a return filed for a full year, the credit entered on line 14 is equal to thirty percent (30%) of the credit allowed on your Federal return. Do not enter the credit directly from your Federal return.

If you are not required to file a Federal return, or you are filing a part-year District return, you must complete District Form D-2441 and attach it to your return. The credit shall not exceed six percent (6%) of the employment-related expenses that were incurred during the period you were a resident of the District. To request a Form D-2441,

see page 3 of instructions on How To Obtain Forms.

Line 17 - District Tax Withheld

Enter the total amount of District income tax withheld during 1984 and attach the District copy of all W-2 Forms or other approved substitute withholding tax statements to your return.

Line 18 - District Estimated Tax Paid

Enter the amount of any 1984 estimated tax payments. If a joint 1984 estimated tax return was filed, the husband and wife may divide the estimated tax paid between them, or either may claim the total amount paid.

Line 19 — Payments Made with Extension of Time to File

If Form FR-127 was filed to request an extension of time to file, report the amount paid with that request.

Line 20 — Property Tax Credit

Enter the amount of any property tax credit to which you are entitled from either line 9 or line 14, Schedule H. The credit may not be split between column A and B. See detailed instructions for Schedule H.

Lines 22, 23 and 24 — Balance Due or Refund

If the total of your payments and credits on line 21 is less than your net tax, line 16, enter balance due on line 22. This amount should be paid in full with your return unless combined separate filing is elected. If combined separate filing is elected, see instructions for lines 25 and 26.

If the total of your payments and credits on line 21 is more than your net tax, line 16, enter overpayment on line 23. You must enter on line 24 the amount of overpayment you wish to have refunded to you. The amount on line 24 will be refunded unless combined separate filing was elected. If combined separate filing is elected, see instructions for lines 25 and 26. Enter on line 27 the amount of overpayment you wish credited to your 1985 estimated tax. If combined separate filing is elected, and if you are filing joint 1985 estimated tax vouchers, check the box on line 27.

Lines 25 and 26 — Combined Balance Due or Refund (Filing Status (E) only)

Husband and wife who elect to file combined separate returns are the only persons who should complete these lines. The balance due or refund of one spouse must be combined with the balance due or refund of the other spouse. For example:

 If the husband has a balance due of \$50 (line 22), and the wife is due a refund of

- \$100 (line 24), the amounts should be combined. In this case the result is a net refund of \$50. Therefore, the hus band should not send a check for the amount shown on line 22.
- (2) If the husband has a balance due of \$80 and the wife is due a refund of \$40, the amounts should be combined. In this case the result is a net balance due o \$40, and a check or money order for \$40 should be sent with the return.
- (3) If both have a balance due on line 22 combine the amounts and enter combin ed net balance due on line 25. Send one check for combined amount.
- (4) If both have a refund due on line 24, combine the amounts and enter combined net refund on line 26. One refund check will be issued for the combined amount

Instructions for Page 2, Form D-40 PART I INCOME AND ADJUSTMENTS FROM FEDERAL RETURN Lines 28 thru 40

These lines are a summary of the items which make up your Federal income as reported on your Federal income tax return o which would have been reported had you been required to file a Federal income tax return. List on each corresponding line in column A and/or B the amount of each item included on your Federal return. Taxpayers filing combined separate returns and using columns A and B should report income as though separate Federal returns were filed

If you carried on a business in the District and your gross receipts were \$12,000 or more for the year, you must also include such in come on an Unincorporated Franchise Tayreturn (Form D-30), even though it is reported on line 33. (See instructions for Form D-30) To request a Form D-30, see page 3 of instructions on How To Obtain Forms.

Net Operating losses may be deducted on ly to the same extent and for the same year as reported on the Federal return. If a portior of a NOL is carried to years prior to 1982 for federal purposes, such portion is not recoverable on a D.C. return.

Line 41 — Adjustments

You may deduct items reported on your Federal return such as marital deduction employee business expense, moving expenses, alimony or separate maintenance payments, and Keogh, IRA and similar in dividual retirement account contributions. The various items of adjustment are listed in the Adjustments To Income section of your Federal tax return (1040).

PART II MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

In order to arrive at Total District Income certain modifications may be needed. These should be reported in Part II.

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ADDITIONS:

Line 43 — Marital Deduction

If the Marital Deduction was taken on your Federal return as an adjustment to gross income, it must be entered here.

Line 44 — Unincorporated Business Capital Gain Differential

Enter sixty percent (60%) of your share of capital gains reported on a District Unincorporated Business Franchise Tax Return (Form D-30). Gains on the sale of assets by unincorporated businesses are subject to District tax on 100% of such gains while for Federal tax purposes the individual owner would be subjected to tax on 40% of the gain. If there is a net loss, an adjustment is not required.

Line 45 — Other Additions

Report on this line (1) the amount of adjustments that were taken on line 41, Part I, that were for the period of nonresidence for part-year filers; (2) the deduction taken for franchise taxes paid in computing business income on line 33 and your share of the deduction taken for franchise taxes paid in computing the income derived from rents. royalties, partnerships, estates, trusts, etc., on line 36; (3) the distributable share of net income from businesses operating as Professional Corporations since they are not taxed as such by the District; (4) Ordinary income and 40% of capital gains portion of lump-sum distribution from a Qualified Retirement Plan, as reported on Federal Form 4972; (5) other items required to be added to Federal adjusted gross income.

SUBTRACTIONS:

Line 47 - Interest on U.S. Obligations

Enter interest and dividend income on obligations or securities of the United States, its agencies or instrumentalities, which was included on your Federal return and reported in Part I of the District return.

Line 48 — Contribution Deduction

This is a limited deduction for taxpayers who do not itemize their deductions. The amount for 1984 is limited to twenty-five percent (25%) of the first \$300 of contributions paid. (25% of first \$150 for married persons filing separately).

Line 49 — State and Local Refunds

If you included refunds of State and Local income taxes on your Federal return and they were reported on line 31, Part I of Form D-40, they should be entered on line 49.

Line 50 - Nonresident Income

Enter income which was included on your Federal return that was received by you while you were not a resident of the District.

Line 51 — Social Security Income

For tax year 1984 a certain amount of Social Security income may be taxable on your Federal tax return. However, such income is not taxable for District purposes. If you included Social Security income in Part 1 of Form D-40, you should enter that amount on line 51.

Line 52 - Disability Income Exclusion

The Disability Income Inclusion is no longer

allowed as an adjustment to income on the Federal tax return. For Federal tax purposes, Disability income exclusion has been eliminated in favor of a credit computed on Schedule R (Credit for the Elderly and Permanently and Totally Disabled).

For District tax purposes, the Disability Income Exclusion is treated as an adjustment to income. If Disability payments were included in your Federal gross income, you may be able to claim an exclusion on your District return by completing Form D-2440 and listing the excludable amount on line 52. Specific instructions are contained on Form D-2440.

Line 53 — Income Reported and Taxed on District Franchise or Fiduciary Return

If Part I, page 2 of Form D-40 includes income which was also reported and taxed on a District Franchise or Fiduciary tax return, enter such income.

Line 54 — District Lottery Winnings

District Lottery winnings are not taxable on a District return. This amount may be subtracted if it was included on your Federal return. Note: Other types of gambling winnings are taxable on a District return.

Line 55 — Income Previously Taxed by District

If Part I includes income which was previously reported on a District Individual Income Tax Return, such previously taxed income should be entered here. For example, prior to 1982, contributions to an IRA retirement plan were subject to District taxation, but not subject to Federal taxation. Therefore, if Part I includes a distribution from that plan, such distribution should be reduced to the extent that it has already been taxed as a contribution by the District.

Line 56 — Other Subtractions

Other items required to be subtracted from Federal adjusted gross income should be entered. Wages received by shareholders of Professional Corporations should be reported here (see line 45).

PART III ITEMIZED DEDUCTIONS AND DISTRICT ADJUSTMENTS Lines 58 thru 63

If you itemize deductions on your Federal return, copy the amounts claimed on your Federal return on the appropriate lines of column A and/or B. Enter the totals on line 64, column A and/or B and column C. Married persons filing combined separate returns may split such deductions on column A and B as they mutually agree.

If you do not itemize deductions on your Federal return, but elect to itemize on your District return, you must complete and attach Schedule A, Form D-40 and enter such totals on Part III.

Line 65 — State and Local Income Taxes

Report State and Local Income Taxes that were included on line 59.

Line 66 — Deductions During Period of Nonresident Status.

Report those itemized deductions paid while a nonresident of the District and included on Lines 58 through 63.

Line 67 — Contribution Carryovers

Enter contribution carryovers resulting from contributions paid in any year prior to January 1, 1982 that were included on line 61.

INSTRUCTIONS FOR SCHEDULE H (FORM D-40) PROPERTY TAX CREDIT

If you qualify for the property tax credit, and if you are required to file a District Individual Income Tax Return, Form D-40, attach completed Schedule H to the return. If you are not required to file a District Individual Income Tax Return, and you qualify for the property tax credit, Schedule H should be completed and filed by itself.

If only Schedule H is filed, District law requires you to furnish your Social Security number in the space provided on Schedule H. This number will be used for proper identification of your account with the District and will be used only for tax administration purposes.

Who May Qualify

You must meet all of the following conditions to qualify for the Property Tax Credit.

- You must own or rent the home you occupy in the District for the full twelve months of 1984.
- Your Household Gross Income must have been \$20,000 or less during 1984.
- If you were not 65 or over before December 31, 1984, you must not have been claimed as a dependent on anyone else's 1984 Federal, State or District income tax return.
- The house or apartment which is your home must not be part of a Public Housing Project.
- IF YOU ARE AGE 62 OR OLDER, BLIND, OR DISABLED, you may use Property Tax Table B only if you, together with your spouse (if married), provide 50% or more of the Household Gross Income. Persons blind or disabled do not have to meet this 50% test.
- If you resided in the District for a part of the year or died before December 31, 1984, you do not qualify for property tax credit.

How To File

Your claim for property tax credit, Schedule H, must be attached to your 1984 District income tax return, Form D-40, if you are required to file a 1984 District income tax return. If you are not required to file a 1984 District income tax return, Schedule H (Property Tax Credit Claim) may be filed by itself. If filed by itself, it should be filed by April 15, 1985. If filed with your District income tax return, it should be filed by April 15, 1985. However, a reasonable extension of time may be granted. See Extension of Time for Filling in General Instructions for Form D-40.

File your Schedule H at the time you file your tax return. Filing a separate Schedule H after you have previously filed a tax return could delay your refund.

Important Definitions

1. The word "home" means the claimant's dwelling house whether owned or rented and so much of the land surrounding it as is reasonably necessary for use of the dwelling

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as a home and may include a multi-unit or a multi-purpose building and a part of the land on which it is located.

- The word "household" means all individuals living in the home.
- The term "household gross income" means all income received by every individual living in the home, including cash distributions from a business or investment entity in which the claimant has an interest.
- 4. The term "rent paid" is that amount paid by a claimant to a landlord solely for the right of occupancy of a home in the District. "Rent paid" does not include: advance rental payments for another period; rental deposits, whether or not expressly set out in the rental agreement; any charges for medical services or food provided by the landlord; or payments made to a landlord for the right of occupancy of property which is exempt from District real property taxes.
- 5. The term "members of a household" means all members of one household whether or not they are related; for example, two or more unrelated individuals sharing an apartment or house constitutes the members of a household.
- 6. The term "age 62 or over" means anyone who was age 62 or older during 1984.
- 7. The word "blind" means anyone whose central visual acuity does not exceed 20/200 in the better eye with corrective lenses, or the widest diameter of the visual field is no greater than 20%.
- 8. The word "disabled" means a claimant unable to engage in any gainful activity by reason of a medically determinable physical or mental impairment which can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than 12 months. Certification of such physical or mental impairment shall be attested to by a licensed physician selected by the claimant at his or her own expense. Proof of the disability claim must be completed on the back page of the Schedule H.

NOTE: The questions at the top of Schedule H must be answered. Failure to do so will cause your claim for credit to be disallowed until such time as the information is furnished. If you claim the property tax credit under Part B of Schedule H, you must check the appropriate block(s) as to whether you are age 62 or over, blind or disabled. You must also indicate if you were the recipient of rent subsidies during 1984.

Complete Part A or Part B to claim your property tax credit. Do not complete both Part A and Part B.

ONLY ONE MEMBER OF A HOUSEHOLD CAN CLAIM THE PROPERTY TAX CREDIT.

Instructions for Numbered Lines of Schedule H

Lines 1, 2 and 3 — Enter the totals of Columns 1, 2 and 3 from the Household Gross Income Schedule on appropriate lines I, 2 and 3 of the Summary of Household Gross Income Schedule.

Line 4 — Add lines 1, 2 and 3 on the Summary of Household Gross Income Schedule and enter the total on line 4.

Part A

Line 5 — Enter amount of household gross income from line 4 page 2. If this amount exceeds \$20,000, you are not entitled to the credit.

Line 6 — If you owned your home in the District on December 31, 1984 and you either rented or owned your home in the District during all of 1984, enter the amount of your annual District real estate taxes shown on the 1st half of your 1985 District real estate tax bill. Note: Your property tax credit must be computed based on your housing status (rent/own) on December 31, 1984.

The deferred portion of your Real Estate Tax may be included as part of Real Estate Tax for the purpose of computing the Property Tax Credit.

If you rented your home in the District on December 31, 1984, and you either owned or rented your home in the District during all of 1984, enter 15% of rent paid. If you rented more than one home in the District during 1984, divide the total amount paid your last landlord during 1984 by the number of months of occupancy and multiply the results by 12. Multiply this result by 15% and enter your answer on line 6.

Line 7 — Find the amount of your property tax credit from Property Tax Credit Table A or compute the amount of your credit in accordance with the instructions on page 18.

The Property Tax credit obtained must be reduced by any rent subsidy received during 1984.

Part B

Line 10 — Enter amount of household gros income from line 4 page 2. If this amount exceeds \$20,000, you are not entitled to clair the credit under Part B.

Line 11 — If you owned your home in th District on December 31, 1984, and you either rented or owned your home in the District duing all of 1984, enter the amount of your arnual District real estate taxes. The amount of your annual District real estate taxes made found on the 1st half of your 1985 District real estate tax bill. Note: Your property ta Credit must be computed based on your housing status (rent/own) on December 31, 1984

The deferred portion of your Real Estat Tax may be included as part of Real Estat Tax for the purpose of computing the Propert Tax Credit.

If you rented your home in the District on December 31, 1984, and you either owned or rented your home in the District during all of 1984, enter 15% of rent paid. If you renter more than one home in the District during 1984, divide the total amount paid your last landlord during 1984 by the number of months of occupancy and multiply the result by 12 Multiply this result by 15% and enter you answer on line 11.

Line 12 — Find the amount of your property tax credit from Property Tax Credit Table B of compute the amount of your credit in accordance with the instructions on page 18. The Property Tax Credit obtained must be reduced by any rent subsidy received during 1984.

Household Gross Income Schedule — You must list all income of every member living in the household on this schedule beside the categories listed, whether the income is subject to District income tax or not, in order to compute the property tax credit.

List in column 1 all the income of the applicant (claimant).

List in column 2 all the income of the claimant's spouse, and list in column 3 al the income of all other members living ir the home you own or rent.

All income whether subject to District income tax or not, must be reported for all members of the household, or the claim for property tax credit will be disallowed.

1984 INCOME TAX RATE SCHEDULE (for Tax Computation on Page 1)

This Tax Rate Schedule must be used by those taxpayers who have taxable income (line 10, Form D-40) which is \$50,000 or more. The Tax Rate Schedule may also be used by taxpayers whose taxable income is less than \$50,000, although it is suggested that the easiest method of computing your tax is to use the Tax Tables in this booklet.

From the following table compute your tax on the taxable income on line 10, page 1 of the return.

	If the tax	able income is:					
	Not over \$1,000	2% of taxable in	come				
Over	but not over		of excess over	Over	but not over		of excess over
\$ 1,000	\$ 2,000	\$ 20 + 3%	\$ 1,000	\$ 5,000	\$10,000	\$ 200 + 7%	\$ 5,000
\$ 2,000	\$ 3,000	\$ 50 + 4%	\$ 2,000	\$10,000	\$13,000	\$ 550 + 8%	\$10,000
\$ 3,000	\$ 4,000	\$ 90 + 5%	\$ 3,000	\$13,000	\$17,000	\$ 790 + 9%	\$13,000
\$ 4,000	\$ 5,000	\$ 140 + 6%	\$ 4,000	\$17,000	\$25,000	\$1,150 + 10%	\$17,000
				\$25,000		\$1,950 + 11%	\$25,000

If taxable income is:		If taxable in	ncome is:		If taxable in	ncome is:		If taxable income is:			
At	But	Tax	At	But	Tax	At	But	Tax	At	But	Tax
Least	Less than	Amount	Least	Less than	Amount	Least	Less than	Amount	Least	Less than	Amount
0 50 100 150 200	50 100 150 200 250	2 3 4 5	3150 3200 3250 3300 3350	3200 3250 3300 3350 3400	99 101 104 106 109	6300 6350 6400 6450 6500	6350 6400 6450 6500 6550	293 296 300 303 307	9450 9500 9550 9600 9650	9500 9550 9600 9650 9700	513 517 520 524 527
250	300	6	3400	3450	111	6550	6600	310	9700	9750	531
300	350	7	3450	3500	114	6600	6650	314	9750	9800	534
350	400	8	3500	3550	116	6650	6700	317	9800	9850	538
400	450	9	3550	3600	119	6700	6750	321	9850	9900	541
450	500	10	3600	3650	121	6750	6800	324	9900	9950	545
500 550 600 650 700	550 600 650 700 750	11 12 13 14	3650 3700 3750 3800 3850	3700 3750 3800 3850 3900	124 126 129 131 134	6800 6850 6900 6950 7000	6850 6900 6950 7000 7050	328 331 335 338 342	9950 10000 10050 10100 10150	10000 10050 10100 10150 10200	548 552 556 560 564
750	800	16	3900	3950	136	7050	7100	345	10200	10250	568
800	850	17	3950	4000	139	7100	7150	349	10250	10300	572
850	900	18	4000	4050	142	7150	7200	352	10300	10350	576
900	950	19	4050	4100	145	7200	7250	356	10350	10400	580
950	1000	20	4100	4150	148	7250	7300	359	10400	10450	584
1000 1050 1100 1150 1200	1050 1100 1150 1200	21 22 24 25 27	4150 4200 4250 4300 4350	4200 4250 4300 4350 4400	151 154 157 160 163	7300 7350 7400 7450 7500	7350 7400 7450 7500 7550	363 366 370 373 377	10450 10500 10550 10600 10650	10500 10550 10600 10650 10700	588 592 596 600 604
1250	1300	28	4400	4450	166	7550	7600	380	10700	10750	608
1300	1350	30	4450	4500	169	7600	7650	384	10750	10800	612
1350	1400	31	4500	4550	172	7650	7700	387	10800	10850	616
1400	1450	33	4550	4600	175	7700	7750	391	10850	10900	620
1450	1500	34	4600	4650	178	7750	7800	394	10900	10950	624
1500	1550	36	4650	4700	181	7800	7850	398	10950	11000	628
1550	1600	37	4700	4750	184	7850	7900	401	11000	11050	632
1600	1650	39	4750	4800	187	7900	7950	405	11050	11100	636
1650	1700	40	4800	4850	190	7950	8000	408	11100	11150	640
1700	1750	42	4850	4900	193	8000	8050	412	11150	11200	644
1750	1800	43	4900	4950	196	8050	8100	415	11200	11250	648
1800	1850	45	4950	5000	199	8100	8150	419	11250	11300	652
1850	1900	46	5000	5050	202	8150	8200	422	11300	11350	656
1900	1950	48	5050	5100	205	8200	8250	426	11350	11400	660
1950	2000	49	5100	5150	209	8250	8300	429	11400	11450	664
2000	2050	51	5150	5200	212	8300	8350	433	11450	11500	668
2050	2100	53	5200	5250	216	8350	8400	436	11500	11550	672
2100	2150	55	5250	5300	219	8400	8450	440	11550	11600	676
2150	2200	57	5300	5350	223	8450	8500	443	11600	11650	680
2200	2250	59	5350	5400	226	8500	8560	447	11650	11700	684
2250	2300	61	5400	5450	230	8550	8600	450	11700	11750	688
2300	2350	63	5450	5500	233	8600	8650	454	11750	11800	692
2350	2400	65	5500	5550	237	8650	8700	457	11800	11850	696
2400	2450	67	5550	5600	240	8700	8750	461	11850	11900	700
2450	2500	69	5600	5650	244	8750	8800	464	11900	11950	704
2500	2550	71	5650	5700	247	8800	8850	468	11950	12000	708
2550	2600	73	5700	5750	251	8850	8900	471	12000	12050	712
2600	2650	75	5750	5800	254	8900	8950	475	12050	12100	716
2650	2700	77	5800	5850	258	8950	9000	478	12100	12150	720
2700	2750	79	5850	5900	261	9000	9050	482	12150	12200	724
2750	2800	81	5900	5950	265	9050	9100	485	12200	12250	728
2800	2850	83	5950	6000	268	9100	9150	489	12250	12300	732
2850	2900	85	6000	6050	272	9150	9200	492	12300	12350	736
2900	2950	87	6050	6100	275	9200	9250	496	12350	12400	740
2950	3000	89	6100	6150	279	9250	9300	499	12400	12450	744
3000	3050	91	6150	6200	282	9300	9350	503	12450	12500	748
3050	3100	94	6200	6250	286	9350	9400	506	12500	12550	752
3100	3150	96	6250	6300	289	9400	9450	510	12550	12600	756

1984 TAX TABLE (To be used by all taxpayers with taxable income under \$50,000.)

1. Find your taxable income from line 10, Form D-40, page 1 in the appropriate column of these tables. 2. Read across the line for taxable income to find the amount of tax. 3. Enter the tax amount on line 11, Form D-40, page 1. (Use Tax Rate Schedule if your taxable income is \$50,000 or over).

If taxable income is:						If taxable i	ncome is:		If taxable income is:		
At	But	Tax	At	But	Tax	At	But	Tax	At	But	Tax
Least	Less than	Amount	Least	Less than	Amount	Least	Less than	Amount	Least	Less than	Amount
12600	12650	760	15750	15800	1040	18900	18950	1343	22050	22100	1658
12650	12700	764	15800	15850	1044	18950	19000	1348	22100	22150	1663
12700	12750	768	15850	15900	1049	19000	19050	1353	22150	22200	1668
12750	12800	772	15900	15950	1053	19050	19100	1358	22200	22250	1673
12800	12850	776	15950	16000	1058	19100	19150	1363	22250	22300	1678
12850	12900	780	16000	16050	1062	19150	19200	1368	22300	22350	1683
12900	12950	784	16050	16100	1067	19200	19250	1373	22350	22400	1688
12950	13000	788	16100	16150	1071	19250	19300	1378	22400	22450	1693
13000	13050	792	16150	16200	1076	19300	19350	1383	22450	22500	1698
13050	13100	797	16200	16250	1080	19350	19400	1388	22500	22550	1703
13100	13150	801	16250	16300	1085	19400	19450	1393	22550	22600	1708
13150	13200	806	16300	16350	1089	19450	19500	1398	22600	22650	1713
13200	13250	810	16350	16400	1094	19500	19550	1403	22650	22700	1718
13250	13300	815	16400	16450	1098	19550	19600	1408	22700	22750	1723
13300	13350	819	16450	16500	1103	19600	19650	1413	22750	22800	1728
13350	13400	824	16500	16550	1107	19650	19700	1418	22800	22850	1733
13400	13450	828	16550	16600	1112	19700	19750	1423	22850	22900	1738
13450	13500	833	16600	16650	1116	19750	19800	1428	22900	22950	1743
13500	13550	837	16650	16700	1121	19800	19850	1433	22950	23000	1748
13550	13600	842	16700	16750	1125	19850	19900	1438	23000	23050	1753
13600	13650	846	16750	16800	1130	19900	19950	1443	23050	23100	1758
13650	13700	851	16800	16850	1134	19950	20000	1448	23100	23150	1763
13700	13750	855	16850	16900	1139	20000	20050	1453	23150	23200	1768
13750	13800	860	16900	16950	1143	20050	20100	1458	23200	23250	1773
13800	13850	864	16950	17000	1148	20100	20150	1463	23250	23300	1778
13850	13900	869	17000	17050	1153	20150	20200	1468	23300	23350	1783
13900	13950	873	17050	17100	1158	20200	20250	1473	23350	23400	1788
13950	14000	878	17100	17150	1163	20250	20300	1478	23400	23450	1793
14000	14050	882	17150	17200	1168	20300	20350	1483	23450	23500	1798
14050	14100	887	17200	17250	1173	20350	20400	1488	23500	23550	1803
14100	14150	891	17250	17300	1178	20400	20450	1493	23550	23600	1808
14150	14200	896	17300	17350	1183	20450	20500	1498	23600	23650	1813
14200	14250	900	17350	17400	1188	20500	20550	1503	23650	23700	1818
14250	14300	905	17400	17450	1193	20550	20600	1508	23700	23750	1823
14300	14350	909	17450	17500	1198	20600	20650	1513	23750	23800	1828
14350	14400	914	17500	17550	1203	20650	20700	1518	23800	23850	1833
14400	14450	918	17550	17600	1208	20700	20750	1523	23850	23900	1838
14450	14500	923	17600	17650	1213	20750	20800	1528	23900	23950	1843
14500	14550	927	17650	17700	1218	20800	20850	1533	23950	24000	1848
14550	14600	932	17700	17750	1223	20850	20900	1538	24000	24050	1853
14600	14650	936	17750	17800	1228	20900	20950	1543	24050	24100	1858
14650	14700	941	17800	17850	1233	20950	21000	1548	24100	24150	1863
14700	14750	945	17850	17900	1238	21000	21050	1553	24150	24200	1868
14750	14800	950	17900	17950	1243	21050	21100	1558	24200	24250	1873
14800	14850	954	17950	18000	1248	21100	21150	1563	24250	24300	1878
14850	14900	959	18000	18050	1253	21150	21200	1568	24300	24350	1883
14900	14950	963	18050	18100	1258	21200	21250	1573	24350	24400	1888
14950	15000	968	18100	18150	1263	21250	21300	1578	24400	24450	1893
15000	15050	972	18150	18200	1268	21300	21350	1583	24450	24500	1898
15050	15100	977	18200	18250	1273	21350	21400	1588	24500	24550	1903
15100	15150	981	18250	18300	1278	21400	21450	1593	24550	24600	1908
15150	15200	986	18300	18350	1283	21450	21500	1598	24600	24650	1913
15200	15250	990	18350	18400	1288	21500	21550	1603	24650	24700	1918
15250	15300	995	18400	18450	1293	21550	21600	1608	24700	24750	1923
15300	15350	999	18450	18500	1298	21600	21650	1613	24750	24800	1928
15350	15400	1004	18500	18550	1303	21650	21700	1618	24800	24850	1933
15400	15450	1008	18550	18600	1308	21700	21750	1623	24850	24900	1938
15450	15500	1013	18600	18650	1313	21750	21800	1628	24900	24950	1943
15500	15550	1017	18650	18700	1318	21800	21850	1633	24950	25000	1948
15550	15600	1022	18700	18750	1323	21850	21900	1638	25000	25050	1953
15600	15650	1026	18750	18800	1328	21900	21950	1643	25050	25100	1958
15650	15700	1031	18800	18850	1333	21950	22000	1648	25100	25150	1964
15700	15750	1035	18850	18900	1338	22000	22050	1653	25150	25200	1969
			Hiday						Contin	ued on next	page

1984 TAX TABLE (To be used by all taxpayers with taxable income under \$50,000.)

1. Find your taxable income from line 10, Form D-40, page 1 in the appropriate column of these tables.

2. Read across the line for taxable income to find the amount of tax.

3. Enter the tax amount on line 11, Form D-40, page 1. (Use Tax Rate Schedule if your taxable income is \$50,000 or over).

If ta	axable incom	e is:	If taxable i	ncome is:		If taxable in	ncome is:	-	If taxable in	ncome is:	
At	But	Tax	At	But	Tax	At	But	Tax	At	But	Tax
Least	Less than	Amount	Least	Less than	Amount	Least	Less than	Amount	Least	Less than	Amount
25200	25250	1975	28300	28350	2316	31400	31450	2657	34500	34550	2998
25250	25300	1980	28350	28400	2321	31450	31500	2662	34550	34600	3003
25300	25350	1986	28400	28450	2327	31500	31550	2668	34600	34650	3009
25350	25400	1991	28450	28500	2332	31550	31600	2673	34650	34700	3014
25400	25450	1997	28500	28550	2338	31600	31650	2679	34700	34750	3020
25450	25500	2002	28550	28600	2343	31650	31700	2684	34750	34800	3025
25500	25550	2008	28600	28650	2349	31700	31750	2690	34800	34850	3031
25550	25600	2013	28650	28700	2354	31750	31800	2695	34850	34900	3036
25600	25650	2019	28700	28750	2360	31800	31850	2701	34900	34950	3042
25650	25700	2024	28750	28800	2365	31850	31900	2706	34950	35000	3047
25700	25750	2030	28800	28850	2371	31900	31950	2712	35000	35050	3053
25750	25800	2035	28850	28900	2376	31950	32000	2717	35050	35100	3058
25800	25850	2041	28900	28950	2382	32000	32050	2723	35100	35150	3064
25850	25900	2046	28950	29000	2387	32050	32100	2728	35150	35200	3069
25900	25950	2052	29000	29050	2393	32100	32150	2734	35200	35250	3075
25950	26000	2057	29050	29100	2398	32150	32200	2739	35250	35300	3080
26000	26050	2063	29100	29150	2404	32200	32250	2745	35300	35350	3086
26050	26100	2068	29150	29200	2409	32250	32300	2750	35350	35400	3091
26100	26150	2074	29200	29250	2415	32300	32350	2756	35400	35450	3097
26150	26200	2079	29250	29300	2420	32350	32400	2761	35450	35500	3102
26200	26250	2085	29300	29350	2426	32400	32450	2767	35500	35550	3108
26250	26300	2090	29350	29400	2431	32450	32500	2772	35550	35600	3113
26300	26350	2096	29400	29450	2437	32500	32550	2778	35600	35650	3119
26350	26400	2101	29450	29500	2442	32550	32600	2783	35650	35700	3124
26400	26450	2107	29500	29550	2448	32600	32650	2789	35700	35750	3130
26450	26500	2112	29550	29600	2453	32650	32700	2794	35750	35800	3135
26500	26550	2118	29600	29650	2459	32700	32750	2800	35800	35850	3141
26550	26600	2123	29650	29700	2464	32750	32800	2805	35850	35900	3146
26600	26650	2129	29700	29750	2470	32800	32850	2811	35900	35950	3152
26650	26700	2134	29750	29800	2475	32850	32900	2816	35950	36000	3157
26700	26750	2140	29800	29850	2481	32900	32950	2822	36000	36050	3163
26750	26800	2145	29850	29900	2486	32950	33000	2827	36050	36100	3168
26800	26850	2151	29900	29950	2492	33000	33050	2833	36100	36150	3174
26850	26900	2156	29950	30000	2497	33050	33100	2838	36150	36200	3179
26900	26950	2162	30000	30050	2503	33100	33150	2844	36200	36250	3185
26950	27000	2167	30050	30100	2508	33150	33200	2849	36250	36300	3190
27000	27050	2173	30100	30150	2514	33200	33250	2855	36300	36350	3196
27050	27100	2178	30150	30200	2519	33250	33300	2860	36350	36400	3201
27100	27150	2184	30200	30250	2525	33300	33350	2866	36400	36450	3207
27150	27200	2189	30250	30300	2530	33350	33400	2871	36450	36500	3212
27200	27250	2195	30300	30350	2536	33400	33450	2877	36500	36550	3218
27250	27300	2200	30350	30400	2541	33450	33500	2882	36550	36600	3223
27300	27350	2206	30400	30450	2547	33500	33550	2888	36600	36650	3229
27350	27400	2211	30450	30500	2552	33550	33600	2893	36650	36700	3234
27400	27450	2217	30500	30550	2558	33600	33650	2899	36700	36750	3240
27450	27500	2222	30550	30600	2563	33650	33700	2904	36750	36800	3245
27500	27550	2228	30600	30650	2569	33700	33750	2910	36800	36850	3251
27550	27600	2233	30650	30700	2574	33750	33800	2915	36850	36900	3256
27600	27650	2239	30700	30750	2580	33800	33850	2921	36900	36950	3262
27650	27700	2244	30750	30800	2585	33850	33900	2926	36950	37000	3267
27700	27750	2250	30800	30850	2591	33900	33950	2932	37000	37050	3273
27750	27800	2255	30850	30900	2596	33950	34000	2937	37050	37100	3278
27800	27850	2261	30900	30950	2602	34000	34050	2943	37100	37150	3284
27850	27900	2266	30950	31000	2607	34050	34100	2948	37150	37200	3289
27900	27950	2272	31000	31050	2613	34100	34150	2954	37200	37250	3295
27950	28000	2277	31050	31100	2618	34150	34200	2959	37250	37300	3300
28000	28050	2283	31100	31150	2624	34200	34250	2965	37300	37350	3306
28050	28100	2288	31150	31200	2629	34250	34300	2970	37350	37400	3311
28100	28150	2294	31200	31250	2635	34300	34350	2976	37400	37450	3317
28150	28200	2299	31250	31300	2640	34350	34400	2981	37450	37500	3322
28200	28250	2305	31300	31350	2646	34400	34450	2987	37500	37550	3328
28250	28300	2310	31350	31400	2651	34450	34500	2992	37550	37600	3333
									Cont	inued on ne	xt page

1984 TAX TABLE (To be used by all taxpayers with taxable income under \$50,000.)

1. Find your taxable income from line 10, Form D-40, page 1 in the appropriate column of these tables. 2. Read across the line for taxable income to find the amount of tax. 3. Enter the tax amount on line 11, Form D-40, page 1. (Use Tax Rate Schedule if your taxable income is \$50,000 or over).

If ta	axable incom	ne is:	If taxable i	ncome is:		If taxable in	ncome is:		If taxable i	ncome is:	
At	But	Tax	At	But	Tax	At	But	Tax	At	But	Tax
Least	Less than	Amount	Least	Less than	Amount	Least	Less than	Amount	Least	Less than	Amount
37600 37650 37750 37750 37800 37850 37900 37950 38000 38050	37650 37700 37750 37860 37860 37900 37950 38000 38050 38100	3339 3344 3350 3355 3361 3366 3372 3377 3383 3388	40700 40750 40800 40850 40900 40950 41000 41050 41100 41150	40760 40800 40850 40950 40960 41000 41050 41100 41150 41200	3680 3685 3691 3696 3702 3707 3713 3718 3724 3729	43800 43850 43900 43950 44000 44050 44100 44150 44200 44250	43850 43900 43950 44000 44050 44100 44150 44200 44250 44300	4021: 4026: 4032: 4037: 4043: 4048: 4054: 4059: 4065: 4070	46900 46950 47000 47050 47100 47150 47200 47250 47350 47350	46950 47000 47050 47150 47150 47250 47250 47350 47400	4362 4367 4373 4378 4384 4389 4395 4400 4406 4411
38100	38150	3394	41200	41250	3735	44300	44350	4076	47400	47450	4417
38150	38200	3399	41250	41300	8740	44350	44400	4081	47450	47500	4422
38200	38250	3405	41300	41350	3746	44400	44450	4087	47500	47550	4428
38250	38300	3410	41350	41400	3751	44450	44500	4092	47550	47600	4433
38300	38350	3416	41400	41450	3767	44500	44550	4098	476600	47650	4439
38350	38400	3421	41450	41500	3762	44550	44600	4103	47650	47700	4444
38400	38450	3427	41500	41550	3768	44600	44650	4109	47700	47750	4450
38450	38500	3432	41550	41600	3773	44650	44700	4114	47750	47800	4455
38500	38550	3438	41600	41650	3779	44700	44750	4120	47800	47850	4461
38550	38600	3443	41650	41700	3784	44750	44800	4125	47850	47900	4466
38600	38650	3449	41700	41750	3790	44800	44850	4131	47900	47950	4472
38650	38700	3454	41750	41800	3795	44850	44900	4136	47950	48000	4477
38700	38750	3460	41800	41850	3801	44900	44950	4142	48000	48050	4483
38750	38800	3465	41850	41900	3806	44950	45000	4147	48050	48100	4488
38800	38850	3471	41900	41950	3812	45000	45050	4153	48100	48150	4494
38850	38900	3476	41950	42000	3817	45050	45100	4158	48150	48200	4499
38900	38950	3482	42000	42050	3823	45100	45150	4164	48200	48250	4505
38950	39000	3487	42050	42100	3828	45150	45200	4169	48250	48300	4510
39000	39050	3493	42100	42150	3834	45200	45250	4175	48300	48350	4516
39050	39100	3498	42150	42200	3839	45250	45300	4180	48350	48400	4521
39100	39150	3504	42200	42250	3845	45300	45350	4186	48400	48450	4527
39150	39200	3509	42250	42300	3850	45350	45400	4191	48450	48500	4532
39200	39250	3515	42300	42350	3856	45400	45450	4197	48500	48550	4538
39250	39300	3520	42350	42400	3861	45450	45500	4202	48550	48600	4543
39300	39350	3526	42400	42450	3867	45500	45550	4208	48600	48650	4549
39350	39400	3531	42450	42500	3872	45550	45600	4213	48650	48700	4554
39400	39450	3537	42500	42550	3878	45600	45650	4219	48700	48750	4560
39450	39500	3542	42550	42600	3883	45650	45700	4224	48750	48800	4565
39500	39550	3548	42600	42650	3889	45700	45750	4230	48800	48850	4571
39550	39600	3553	42650	42700	3894	45750	45800	4235	48850	48900	4576
39600	39650	3559	42700	42750	3900	45800	45850	4241	48900	48950	4582
39650	39700	3564	(42750	42800	3905	45850	45900	4246	48950	49000	4587
39700	39750	3570	42800	42850	3911	45900	45950	4252	49000	49050	4593
39750	39800	3575	(42850	42900	3916	45950	46000	4257	49050	49100	4598
39800	39850	3581	(42900)	42950	3922	46000	46050	4263	49100	49150	4604
39850	39900	3586	42950	43000	3927	46050	46100	4268	49150	49200	4609
39900	39950	3592	43000	43050	3933	46100	46150	4274	49200	49250	4615
39950	40000	3597	43050	43100	3938	46150	46200	4279	49250	49300	4620
40000	40050	3603	43100	43150	- 3944	46200	46250	4285	49300	49350	4626
40050	40100	3608	43150	43200	3949	46250	46300	4290	49350	49400	4631
40100	40150	3614	43200	*43250	3955	46300	46350	4296	49400	49450	4637
40150	40200	3619	43250	*43300	3960	46350	46400	4301	49450	49500	4642
40200	40250	3625	43300	*43350	3966	46400	46450	4307	49500	49550	4648
40250	40300	3630	43350	*43400	3971	46450	46500	4312	49550	49600	4653 1
40300	40350	3636	43400	*43450	3977	46500	46550	4318	49600	49650	4659
40350	40400	3641	43450	*43500	3982	46550	46600	4323	49650	49700	4664
40400	40450	3647	43500	43550	3988	46600	46650	4329	49700	49750	4670
40450	40500	3652	43550	43600	3993	46650	46700	4334	49750	49800	4675
40500	40550	3658	43600	43650	3999	46700	46750	4340	49800	49850	4681
40550	40600	3663	43650	43700	4004	46750	46800	4345	49850	49900	4686
40600	40650	3669	43700	43750	4010	46800	46850	4351	49900	49950	4692
40650	40700	3674	43750	43800	4015	46850	46900	4356	49950	50000	4697
									50,000.00 c	or Over—Use	Tax Rate

SCHEDULE H (FORM D-40)

GOVERNMENT OF THE DISTRICT OF COLUMBIA PROPERTY TAX CREDIT CLAIM

1	(9)	00	
L	W	w.	-ນ

Department of Finance and Revenue	, , , ,	OI LIII	TAX OHEDIT OBTIM					
Name (Claimant)				Yo	our social se	curity no). 	
Present Home Address (Numl	ber and Street)			Sp	ouse's soci	al securi	ty no.	
City		State		Zip	p Code		Apt. No.	
If address of property for whi	ich tax credit is claimed is di	fferent from	above, list here.					
Is the property for which the	tax credit is being claimed:	(Check one	e) 🗀 Private Home 🗓 Apartment 🕕	Rooming	House			
DECLURED TO SUE A D.C. II	NDIVIDUAL INCOME TAX RE ESTIONS MUST BE ANSWE	TURN AND RED AND S	AX RETURN (FORM D-40), ATTACH THI QUALIFY FOR THE PROPERTY TAX CRE CHEDULES COMPLETED OR THIS CLAIL	יווט: ווט:	S FORM SP	IOULD B	E COMPLETE	ן שאא כ
A. Did you rent or own your	home in the District during t	he entire ca	lendar year 1984?	4		YES LJ	NO 🗀	
If you checked "NO", you B. Is your credit claim based	are not entitled to the credit	t.		В	real e	state 🗆	rent 🗀	
		e following	from your real estate tax bill or assess-			tax		
Square No.		Lot No.			F	or Office	Use Only:	
If you checked the box fo	r rent, complete the followin	g:						_
Landlord's Name	······································		Landlord's Telephone No.		F	or Office	e use only:	
Landlord's Address		!						
C. Did you or your Landlord If you checked "YES", se	e instructions on how to con	apute your o	credit.	С		YES 🗆	NO □	
D. Were you claimed as a de	ependent on anyone else's 19	984 Federal,	State, or D.C. income tax ou were 65 years of age before	D		YES [ι νοίι	
December 31, 1984. E. Did you live in a public he If you checked "YES", yo	ousing project during 1984? ou are not entitled to the cred	lit.		E		YES ()	NO 🗆	
IMPORTANT: Be sure to co	omplete the Household Gros	s Income ar	nd Summary Schedules on the reverse sid	e before	computing	either Pa	art A or Part B	below.
		COMPLET	E EITHER PART A OR PART B					
PART A - CLAIMANTS	UNDER AGE 62 WHO AR	E NOT BL	IND OR DISABLED.					
5. Enter amount of househ	old gross income from line	4, page 2.	If amount entered exceeds \$20,000, you	>	5			
6a. Enter amount of property	oredit	or (b), but n	ot both)	>	6a			_
h Enter amount of 1984 Ar	nnual rent Paid \$	Then mu	ltiply by 15% and enter answer here	——·►	6b 7			
8 Total rental supplements	received in 1984, if any			-	8			
9. Property tax credit allows	able—Subtract line 8 from li	ne 7		<u> </u>	9			
	NTS AGE 62 OR OLDER,				_			
YES □ NO □. If you claim the property tax crutions for lines 5, 6 and 7.	checked "NO" and are not be edit under Part B. However	you may qu	alify under Part A—see Instruc-		·		propriate block or older ∐ blind ∐ disabled ∰	
10. Enter amount of househo	old gross income from line 4.	page 2. If	amount entered exceeds \$20,000, you are	>	10			
11a Enter amount of prope	erty taxes paid (Enter either)	(a) or (b), bu	t not both)	>				-
b. Enter amount of 1984	Annual rent Paid \$ t in Table B or as computed	Then i	nultiply by 15% and enter answer here					
13 Total rental supplement	s received in 1984, if any			>	- 13			
				<u> </u>			ADOUT ON 1	INIT OO
FORM D-40.			CHECK BOX LI AND ENTER AMOUNT	FROM L	INE 9 OR	Dat	. <u></u> -	11NE 2U,
i declare under penalty pi any accompanying schedul	rovided by law that this claim, les and statements, has been	including examined	Signature of Claimant			Dat		
by me and to the best of n	my knowledge and belief is a If the claim is prepared by	true, cor-	Claimant's Telephone Number					
other than the claimant, hi	is declaration is based on all n of which he has any knowle	the infor- edge.	Signature of Preparer other than claimant			Date		<u>.</u>
MAIL THIS CLA	AIM TO DEPARTMENT OF FINANCE	AND REVENU	E, BEN FRANKLIN STATION, P.O. BOX 7861, WAS	HINGTON,I	D.C. 20044-7	7861, ON (or before april	. 15, 1985

HOUSEHOLD GROSS INCOME SC	HEDULE You must own or re	t include the to ent.	otal income of all me	embers living in the	household	you	For Office	Use
SOURCE OF INCO	ME OR LOSS		(1) CLAIMANT	(2) SPOUSE		(3) OTHERS	only:	
(a) Wages, Salary, Tips, Bonuses, Cor	nmissions, Fees							
(b) Dividends & Interest								
(c) Business Income	•					•		
(d) Taxable portion of Pensions & Ana	nuities							
(e) Taxable capital gain								
(f) Alimony received					1		· · · · ·	
LESS: Adjustments to income								
ADJUSTED GROSS INCOME					1			
(g) Social Security and/or Railroad Re	tirement							
(h) Non-taxable portion of Pensions &	Annuities		<u> </u>					
(i) Unemployment Insurance and/or W	orkmen's Compensat	tion						
(j) Support Money and/or Public Assis	stance Grants						·	
(k) Interest on U.S. Obligations								
(i) Sick Pay excluded from income or	Form D-40	<u>-</u>			+			
(m) Non-taxable portion of Military cor	npensation				-			
(n) Fellowship awards and Grants								
(o) Life insurance proceeds								
(p) Non-taxable portion of Long-term of	capital gain		_		 			-
(q) Veteran's pensions and disability p			-		 			
(r) GI bill benefits				_	-			
(s) Loss on time insurance					-			
(t) Income subject to Unincorporated	Business Tax			<u> </u>				
(u) Cash distributions					1			
(v) Other (specify)					 			
TOTAL HOUSEHOLD GROSS	NCOME				 			
SUMMARY OF HOUSEHOLD GROS 1. Total income of claimant from Column Colum	umn 1				1 2			
3. Total income of all other persons f	rom Column 3		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3			
Total household gross income (add Line 10, Part B, whichever is application)	lines 1 through 3).	Enter here and	on line 5. Part A or		4			
LIST THE NAMES AND SOCIAL SECURI	TY NUMBERS OF ALI	L PERSONS IN	COLUMN 3 ABOVE	(ALL OTHERS)				
(a)			(c)					
						1	1	
(b)		<u>ii _</u>	(d)					
The easiest way to find the amount compute the amount of your credit on pa If you checked either blind or disa	of your property tax o	ow To Compute credit is to use ons. u must have th	ne certificate below o	tructions. Howeve	structions f	or specific d		you ma
Name of Claimant						Social sec	urity number !	
certify that the above named taxpayer w (i) □ Blind (ii) □ Physical or mental impairment ex (iii) □ Physically or mentally impaired or	spected to last for a c		•	twelve (12) months.			ļ	
Name of Physician						-		
Physician's address								_
Physician's signature						Date		
					—	<u> </u>		

Instructions for Physician's Certification

- A. Definition of Blind "Blind means anyone whose central visual acuity does not exceed 20/200 in the better eye with corrected lenses or the widest diameter of the visual field is no greater than 20%."
- B. Definition of Disabled "Disabled means a claimant unable to engage in any gainful activity by reason of a medically determinable physical or mental impairment which can be expected to last for a continuous period of not less than twelve (12) months."

SCHEDULE H (FORM D-40)

GOVERNMENT OF THE DISTRICT OF COLUMBIA

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epartment of	PROPERI	Y TAX CREDIT CLAIM			
inance and Revenue			Your socia	I security no.	·
Name (Claimant)					
	OlN		Spouse's s	social security no.	
Present Home Address (Number and	Streety				
	State		Zip Code	Apt. No.	
City	State		1		
If address of property for which tax	credit is claimed is different from	n above, list here.			
Is the property for which the tax cre	dit is being claimed: (Check on	e) 🗆 Private Home 🏻 LJ Apartment 🔻 LJ R	coming House		
	UAL INCOME TAX RETURN AND IS MUST BE ANSWERED AND S	TAX RETURN (FORM D-40), ATTACH THIS O QUALIFY FOR THE PROPERTY TAX CREE SCHEDULES COMPLETED OR THIS CLAIM	/II. ISIO FUNN	1 0110000 00 00 00 00	_, ,, ,
A. Did you rent or own your home in	n the District during the entire ca	alendar year 1984?	1	YES 🗆 NO 🗆	
If you checked "NO", you are no	t entitled to the credit.		B re	alestate □ rent □	
B. Is your credit claim based on (ch	eck applicable block)			tax	
	state tax, complete the following	from your real estate tax bill or assess-			
ment notice:	Lot No.		 	For Office Use Only:	:
Square No.	Lot No.				
	to to to the fall purings		1 1		
If you checked the box for rent,	complete the following:	Landlord's Telephone No.		For Office use only:	
Landlord's Name]
Landlord's Address					
C. Did you or your Landlord receive	rental supplements during 1984	?	С	YES \(\tau \) NO \(\tau \)	
If you checked "VES" see instri	ections on how to compute your	credit.			
D. Were you claimed as a depender	nt on anyone else's 1984 Federal	, State, of D.O. HICOINE tax	D	YES 🗆 NOL	-
return? If you checked "YES", you are n	ot entitled to the credit unless y	ou were 65 years of age before			
December 31, 1984.			l E Ì	YES [] NO []	
E. Did you live in a public housing If you checked "YES", you are n	project during 1984?		<u> </u>		
					A D balau
IMPORTANT: Be sure to complete		and Summary Schedules on the reverse side			- Delow.
		TE EITHER PART A OR PART B			
PART A — CLAIMANTS UNDE	R AGE 62 WHO ARE NOT BI	IND OR DISABLED.			
5. Enter amount of household gro	oss income from line 4, page 2.	If amount entered exceeds \$20,000, you	▶ 5		
Go. Enter amount of property taxes	naid (Enter either (a) or (b), but :	not both)	► 6a		
b Enter amount of 1984 Annual re	ent Paid \$ Then mu	ultiply by 15% and enter answel here	·		_ -
7. Find Property tax credit in Table	A or as computed		▶ 8		
8. Total rental supplements received	Subtract line 8 from line 7		▶ 9		
PART B - FOR CLAIMANTS	AGE 62 OR OLDER, BLIND O	R DISABLED.			
Do you, or you and your spouse YES □ NO □. If you check claim the property tax credit un	e (if married), provide 50% or mor	re of household gross income?		Check appropriate b age 62 or older (blind (disabled)] []
tions for lines 5, 6 and 7.	ss income from line 4, page 2.	f amount entered exceeds \$20,000, you are	▶ 10		
not entitled to the credit		ut not both)	► 11a		
b Enter amount of 1984 Applia	I rent Paid \$ Then	multiply by 15% and enter answer nere	▶ 11b		_ _
12 Find Property Tay credit in Tal	ble B or as computed		► 12 ► 13	<u> </u>	
13. Total rental supplements recei	ved in 1984, if any		► 13 ► 14		
14. Property tax credit allowable	subtract line is from file iz	OUTON BOY IL AND ENTED AMOUNT	EDOM LINE Q	OR LINE 14 ABOVE (ON LINE 20.
FORM D-40.		I, CHECK BOX LI AND ENTER AMOUNT		Date	
l declare under penalty provideo	by law that this claim, including	Signature of Claimant			
any accompanying schedules and by me and to the best of my kno	wiledge and belief is a true, cor-	Claimant's Telephone Number			
rect and complete claim. If the	claim is prepared by a person			Date	
other than the claimant, his deck	aration is based on all the infor-	Signature of Preparer other than claimant			

HOUSEHOLD GROSS INCOME SCHEDULE You must include the own or rent.	total income of all me	mbers living in the	household you	For Office Us
SOURCE OF INCOME OR LOSS	(1) CLAIMANT	(2) SPOUSE	(3) ALL OTHERS	only:
(a) Wages, Salary, Tips, Bonuses, Commissions, Fees				
(b) Dividends & Interest				
(c) Business Income				
(d) Taxable portion of Pensions & Annuities				
(e) Taxable capital gain				
(f) Alimony received				· · · · · · · · · · · · · · · · · · ·
LESS: Adjustments to income				
ADJUSTED GROSS INCOME		-	 	
(g) Social Security and/or Railroad Retirement				
(h) Non-taxable portion of Pensions & Annuities		·		
(i) Unemployment Insurance and/or Workmen's Compensation				
(j) Support Money and/or Public Assistance Grants				
(k) Interest on U.S. Obligations			-	
(I) Sick Pay excluded from income on Form D-40			-	
(m) Non-taxable portion of Military compensation				
(n) Fellowship awards and Grants			-	
(o) Life insurance proceeds			-	
(p) Non-taxable portion of Long-term capital gain				
(q) Veteran's pensions and disability payments				
(r) GI bill benefits			-	
(s) Loss on time insurance				
(t) Income subject to Unincorporated Business Tax				·
(u) Cash distributions				
(v) Other (specify)				
TOTAL HOUSEHOLD GROSS INCOME				
			<u> </u>	- ·
SUMMARY OF HOUSEHOLD GROSS INCOME				
Total income of claimant from Column 1		F	1	
2. Total income of spouse from Column 2		-	2	
Total income of all other persons from Column 3			3	
Line 10, Part B, whichever is applicable.	nd on line 5, Part A or		4	
IST THE NAMES AND SOCIAL SECURITY NUMBERS OF ALL PERSONS	IN COLUMN 3 ABOVE	(ALL OTHERS)		
a)	(c)			
			<u> </u>	i j
b)	(d)			
		ructions. However		
Physician's Certification	n of Blind or I	Disabled Cla	aimant	

Name of Claimant	Social secu	urity numbe	er
		i !	į
I certify that the above named taxpayer was (check only one box—see instruction): (i) □ Blind			
(ii) Physical or mental impairment expected to last for a continuous period of not less than twelve (12) months. (iii) Physically or mentally impaired on January 1, 1984.			
Name of Physician			
Physician's address			
Physician's signature	Date		-
		<u> </u>	

Instructions for Physician's Certification

- A. Definition of Blind "Blind means anyone whose central visual acuity does not exceed 20/200 in the better eye with corrected lenses or the widest diameter of the visual field is no greater than 20%."
- B. Definition of Disabled "Disabled means a claimant unable to engage in any gainful activity by reason of a medically determinable physical or mental impairment which can be expected to last for a continuous period of not less than twelve (12) months."

To find your property tax credit, read across the top until you find the column covering the amount entered on line 6, Schedule H. Then read down to appropriate line covering the amount of household gross income reported on line 5, Schedule H. Enter the amount of credit on line 7, Schedule H.

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To find your property tax credit, read across the top until you find the column covering the amount entered on line 6, Schedule H. Then read down to appropriate line covering the amount of credit on line 7, Schedule H.

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To find your property tax credit, read across the top until you find the column covering the amount entered on line 6, Schedule H. Then read down to appropriate line covering the amount of household gross income reported on line 5, Schedule H. Enter the amount of credit on line 7, Schedule H.

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To find your property tax credit, read across the top until you find the column covering the amount entered on line 11, Schedule H. Then read down to appropriate line covering the amount of credit on line 12, Schedule H.

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To find your property tax credit, read across the top until you find the column covering the amount entered on line 11, Schedule H. Then read down to appropriate line covering the amount of household gross income reported on line 10, Schedule H. Enter the amount of credit on line 12, Schedule H.

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To find your property tax credit, read across the top until you find the column covering the amount entered on line 11, Schedule H. Then read down to appropriate line covering the amount of household gross income reported on line 10, Schedule H. Enter the amount of credit on line 12, Schedule H.

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INSTRUCTIONS

How To Compute Your Property Tax Credit



The easiest way to find the amount of your property tax credit is to use the tables in the instructions. However, if you do not wish to use the tables, you may compute the amount of your credit as follows:

PART A — FOR CLA	IMANTS UNDER AGE 62 WHO ARE BLED.	PART B — FOR CL OR DISABLED.	AIMANTS AGE 62 OR OLDER, BLIND
	ntages are applicable for the com- nder Part A, Schedule H. The credit shall equal the amount of property taxes paid or rent constitut- ing property taxes which is in excess of the following percentage of house- hold gross income:	The following perc putation of the credit If household gross income is:	entages are applicable for the com- under Part B, Schedule H. The credit shall equal the amount of property taxes paid or rent con- stituting property taxes which is in excess of the following percentage of household gross income:
Under \$2,999 \$3,000 to \$4,999	95% of tax in excess of 1.5% of income 75% of tax in excess of 2.0% of in-	Under \$4,999 \$5,000 to \$9,999 \$10,000 to \$14,999	1.0% 1.5% 2.0%
\$5,000 to \$6,999	come 75% of tax in excess of 2.5% of income		2.5% ousehold gross income riate percentage (1.0%,
\$7,000 to \$9,999 \$10,000 to \$14,999	75% of tax in excess of 3.0% of income 75% of tax in excess of 3.5% of income	1.5%, 2.0% or 2.5° 3. Result	%)
 Result Enter amount of proportion of rent paid Enter amount from Balance (line 4 less Multiply amount on percentage (95% of Property Tax Cred whole dollar 	75% of tax in excess of 4.0% of income usehold gross income ate percentage (1.5%, 3.5% or 4.0%) perty taxes paid or 15% line 3 above	 Enter amount from Property Tax Cred Round to nearest v Enter Property Ta Schedule H. 	line 3 above